PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application	or	Docket	Number

09/10/870

CLAIMS AS FILED - PART I SMALL ENTITY OTHER THAN										THAN		
(Column 1)		(Column 2)			TYPE		OR	SMALL	1			
TOTAL CLAIMS						Γ	RATE	FEE		RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		В	ASIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS 2 minus 20=			us 20=	* [X\$ 9=		OR	X\$18=	18	
INDEPENDENT CLAIMS 5 minus 3 =			·)_			X40=		OR	X80=	160		
MULTIPLE DEPENDENT CLAIM PRESENT								+135=		OR	+270=	
* If the difference in column 1 is less than zero, enter				r "0" in c	olumn 2	L	TOTAL		OR	TOTAL	838	
CLAIMS AS AMENDED - PART II								•		•	OTHER	
(Column 1) (Column 2) (Column 3)								SMALL E	NTITY	OR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	* NTATION OF M	Minus	***	T CL AIM	=		X40=		OR	X80=	
	THOTTHEOL	TOTAL OF MA	oern ee ber	ZIVOZIV	CEANN		1	+135=		OR	+270=	
							ال ۱۸	TOTAL ODIT. FEE		OR	TOTAL ADDIT, FEE	
		(Column 1)		(Colu	mn 2)	(Column 3)	Λ.	JUII. 1 LL .			ADDIT: 1 EE	
ENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	*	Minus	**		=] [X\$ 9=		OR	X\$18=	,
AME	Independent	*	Minus	***		=	┇	X40=		OR	X80=	
<u> </u>	FIRST PRESE	NTATION OF M	OLTIPLE DEF	ENDEN	CLAIM		┙┞	+135=		OR	+270=	
							L	TOTAL		ΩD	TOTAL ADDIT. FEE	
		(Column 1)		(Colu	mn 2)	(Column 3)		ODIT. FEE			ADDIT, FEE	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NO.	Total	*	Minus	**		=]	X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***	T OL A 184	<u> </u>	┧┞	X40=		OR	X80=	
<u> </u>	TINOT PRESE	NTATION OF M	OLTIPLE DE	-ENDEN	I CLAIM		┛┞	+135=		OR	+270=	· · · · · · · · · · · · · · · · · · ·
•	 If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." 						L	TOTAL		OR	TOTAL	
***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "20." ADDIT. FEEADDIT. FEE												
	ine rignest Nun	nder Previously Pa	ud For" (Total o	r independ	dent) is the	e nighest numb	er foun	d in the app	ropriate box	(in co	lumn 1.	